

CLAIMS ONLY						Application Number 101659020	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	1					51						
2		1				52						
3		1				53						
4		1				54						
5		1				55						
6		1				56						
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43						93						
44						94						
45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
Total Indep	1					Total Indep						
Total Depend	10					Total Depend						
Total Claims	11					Total Claims						